PHARMACISTS' BULLETIN

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

PHARMACARE

NOVA SCOTIA DEPARTMENT OF COMMUNITY SERVICES

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EXCEPTION CRITERIA FOR OSELTAMIVIR (TAMIFLU®)

Nova Scotia Health Promotion & Protection and the District Health Authority Public Health Services have guidelines in place to manage and treat outbreaks of influenza in long term care (LTC) facilities. In accordance with these guidelines, the Pharmacare Programs provide coverage of **oseltamivir (Tamiflu®)** for beneficiaries who are residents of LTC facilities and who have been identified by the Medical Office of Health (MOH) as meeting the criteria for coverage.

The criteria for coverage of oseltamivir (Tamiflu®) under the Nova Scotia Pharmacare Programs follow:

- for the **treatment** of LTC care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community.
- for the **prophylaxis** of LTC residents where the facility has an influenza A or B outbreak.

Process for Initiating Treatment and Coverage of Oseltamivir:

- When a LTC facility has a suspected outbreak of influenza, the attending physician or the LTC facility's Medical Director contacts the MOH or the local Public Health Office. (For regional contact information, go to *www.gov.ns.ca/health/ocmoh/contact.htm*)
- If the MOH determines there is a need for antiviral medication, Public Health staff will communicate this recommendation to the LTC facility and will also notify the Pharmacare Program by way of fax (902-468-9402).
- Pharmacare Program staff will, in turn, contact the dispensing pharmacy to authorize payment of claims for oseltamivir. A specific criteria code will be provided to the pharmacy at the time of the outbreak. This will avoid the need for individual exception requests.
- After hours, the local Public Health Office may contact the pharmacy to confirm that the criteria for Pharmacare coverage have been met. This will enable the pharmacy to begin the process of securing and dispensing oseltamivir.

Treatment Notes:

- Antiviral medication should only be considered for treatment of a symptomatic resident when the influenza symptoms have been present for less than 48 hours. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.
- In the past, amantadine has been an option for the treatment and prophylaxis of influenza A, unless resistance is noted or its use is contraindicated. However, **the 2006-2007 National Advisory Committee on Immunization (NACI) Statement does not recommend using amantadine for treatment or prophylaxis of influenza because in the most recent influenza season, 82% of influenza A isolates were resistant to amantadine.**
- The 2006-2007 NACI Statement includes recommendations for use of oseltamivir. Despite the fact that amantadine is not recommended, information for amantadine is also included in the event that testing of the 2006-2007 strain indicates susceptibility to it. (The full 2006-2007 NACI Statement, including dosing guidelines, can be accessed at: *www.phac-aspc.gc.ca/publicat/ccdr-rmtc/06vol32/acs-07/index.html*)

IN THIS BULLETIN:

- **NS Pharmacare Programs Future System Change**
- **New Products**, *effective November 1, 2006*
- **Interchangeable Products List** *effective November 1, 2006*

PHARMACARE PROGRAMS ADJUDICATION SYSTEM TO CHANGE JANUARY 2007

In an effort to ensure ongoing reliability of our claims processing and to take advantage of supported technologies, a project has been initiated to replace the current application. The replacement system will provide internal improvements to functionality and system flexibility, enabling a high quality of customer service. In January 2007, the Nova Scotia Pharmacare Programs Adjudication System will be moving to the existing Medavie Blue Cross – POSv software. As pharmacies currently submit their claims for private business through this system, it has been determined that re-accreditation is not required.

Communication with the vendors is ongoing and will continue through implementation in January. Although the transaction standards (CPhA) will not be changing the following fields have been identified as requiring a change to the current values being entered:

FIELD	FIELD NAME	DETAILS
A.01.01	BIN	610047 – same as number used for Medavie Blue Cross claims.
B.21.03	Pharmacy ID Code	Some pharmacies may have their ID changed due to system constraints. You will be provided with a list of those changes.
C.30.03	Carrier ID	NS
C.31.03	Group Number or Code	Ignored
D.61.03	Prescriber ID	Some prescribers may have their ID changed due to system constraints. You and your vendor will be provided with a list of those changes.

For information pertaining to any system changes please contact your vendor. Should you have any questions please do not hesitate to contact Karen Gillis (902) 490-3655 or by e-mail karen.gillis@medavie.bluecross.ca

NEW PRODUCTS

The following products are "New Listings to the Nova Scotia Formulary" *effective November 1, 2006*. The benefit status of each product within the Nova Scotia Pharmacare Programs is indicated.

DIN	PRODUCT	MFR	PRESCRIBER	BENEFIT STATUS
02273322	Aptivus 250mg Cap	BOE		not insured
02278251	Duo Trav Oph Sol	ALC	DR	SF
02271842	Levemir 100iu/mL Penfill	NNO		not insured
02246552	Remodulin 1mg/mL Inj	NTI		not insured
02246553	Remodulin 2.5mg/mL Inj	NTI		not insured
02246554	Remodulin 5mg/mL Inj	NTI		not insured
02246555	Remodulin 10mg/mL Inj	NTI		not insured
02272199	Somavert 10mg/vial Inj	PFI		not insured
02272202	Somavert 15mg/vial Inj	PFI		not insured
02272210	Somavert 20mg/vial Inj	PFI		not insured
02240000	Trelstar Depot 3.75mg/vial Inj	PAL	DR	SFC
02243856	Trelstar LA 11.25mg/vial Inj	PAL	DR	SFC
02275066	Trosec 20mg Tab	ORX	DR	E
Diabetic Product:				
97799764	Novofine ETW Pen Needles 32g (#86601)	NNO	DR NP P	SFD

CRITERIA FOR COVERAGE OF NEW BENEFITS

Trospium (Trosec®)

- for the treatment of over-active bladder (not stress incontinence) after a reasonable trial of oxybutynin immediate release (IR) is not tolerated
- three months trial will be approved with reassessment of the effectiveness of this therapy required if further coverage is to be considered

CHANGE IN CRITERIA FOR TIZANIDINE (ZANAFLEX®)

The criteria for coverage of tizanidine (Zanaflex®) has been modified to remove failure to diazepam.

- for the treatment of spasticity resulting from traumatic brain injury, multiple sclerosis (MS), spinal cord injury (SCI) or cerebral vascular accident (CVA) in patients whom baclofen is not indicated, ineffective or not tolerated

INTERCHANGEABLE PRODUCTS ADDED TO NOVA SCOTIA FORMULARY

Effective November 1, 2006

EXISTING CATEGORIES:

Note: For those products with benefit status under the Nova Scotia Pharmacare Programs, the existing MAC will apply.

	DIN	Product	MFR	Prescriber	Benefit Status
AZITHROMYCIN 250mg Tab	02278359	Gen-Azithromycin	GPM	DR NP	E
	02275287	ratio-Azithromycin	RPH	DR NP	E
CILAZAPRIL 1mg Tab	02283778	Gen-Cilazapril	GPM	DR	SF
	02280422	pms-Cilazapril	PMS	DR	SF
CILAZAPRIL 2.5mg Tab	02283786	Gen-Cilazapril	GPM	DR	SF
	02280450	pms-Cilazapril	PMS	DR	SF
CILAZAPRIL 5mg Tab	02283794	Gen-Cilazapril	GPM	DR	SF
	02280469	pms-Cilazapril	PMS	DR	SF
FLUCONAZOLE 150mg Cap	02282348	pms-Fluconazole	PMS	DR NP	SFC
GLIMEPIRIDE 1mg Tab	02274248	Co Glimepiride	COB		not insured
GLIMEPIRIDE 2mg Tab	02274256	Co Glimepiride	COB		not insured
GLIMEPIRIDE 4mg Tab	02274272	Co Glimepiride	COB		not insured
LEFLUNOMIDE 10mg Tab	02283964	Sandoz Leflunomide	SDZ	DR	E
LEFLUNOMIDE 20mg Tab	02283972	Sandoz Leflunomide	SDZ	DR	E
MEDROXYPROGESTERONE ACETATE 10mg Tab	02277298	Apo-Medroxy	APX	DR	SFC
NORFLOXACIN 400mg Tab	02269627	Co Norfloxacin	COB	DR	E
SOTALOL 80mg Tab	02270625	Co Sotalol	COB	DR	SF
SOTALOL 160mg Tab	02270633	Co Sotalol	COB	DR	SF
TIZANIDINE 4mg Tab	02272059	Gen-Tizanidine	GPM	DR	E
TOPIRAMATE 25mg Tab	02279614	Apo-Topiramate	APX	DR	E
TOPIRAMATE 100mg Tab	02279630	Apo-Topiramate	APX	DR	E
TOPIRAMATE 200mg Tab	02279649	Apo-Topiramate	APX	DR	E

NEW CATEGORIES:

Note: Until a MAC price is established, AAC will be paid for those products with benefit status under the Nova Scotia Pharmacare Programs. These categories will appear in the next publication of the MAC List.

	DIN	Product	MFR	Prescriber	Benefit Status
BETAHISTINE 16mg Tab	02280191	Novo-Betahistine	NOP	DR	E
	02243878	Serc	SLO	DR	E
BETAHISTINE 24mg Tab	02280205	Novo-Betahistine	NOP	DR	E
	02247998	Serc	SLO	DR	E
BUPROPION 100mg Tab	02275074	Sandoz Bupropion SR	SDZ	DR	E
	02237824	Wellbutrin SR	BVL	DR	E
BUPROPION 150mg Tab	02275082	Sandoz Bupropion SR	SDZ	DR	E
	02237825	Wellbutrin SR	BVL	DR	E
FAMCICLOVIR 125mg Tab	02229110	Famvir	NVR	DR NP	SFC
	02278634	Sandoz Famciclovir	SDZ	DR NP	SFC
FAMCICLOVIR 250mg Tab	02229129	Famvir	NVR	DR NP	SFC
	02278642	Sandoz Famciclovir	SDZ	DR NP	SFC
FAMCICLOVIR 500mg Tab	02177102	Famvir	NVR	DR NP	SFC
	02278650	Sandoz Famciclovir	SDZ	DR NP	SFC
FELODIPINE 5mg Tab	00851779	Plendil	AZE	DR	SF
	02280264	Sandoz Felodipine	SDZ	DR	SF
FELODIPINE 5mg Tab	02221993	Renedil	SAN	DR	SF
	02280264	Sandoz Felodipine	SDZ	DR	SF
FELODIPINE 10mg Tab	00851787	Plendil	AZE	DR	SF
	02280272	Sandoz Felodipine	SDZ	DR	SF
FELODIPINE 10mg Tab	02222000	Renedil	SAN	DR	SF
	02280272	Sandoz Felodipine	SDZ	DR	SF
FLECAINIDE 50mg Tab	02275538	Apo-Flecainide	APX	DR	SF
	01966197	Tambocor	RIK	DR	SF
FLECAINIDE 100mg Tab	02275546	Apo-Flecainide	APX	DR	SF
	01966200	Tambocor	RIK	DR	SF
MIDODRINE 2.5mg Tab	01934392	Amatine	RBT	DR	E
	02278677	Apo-Midodrine	APX	DR	E
MIDODRINE 5mg Tab	01934406	Amatine	RBT	DR	E
	02278685	Apo-Midodrine	APX	DR	E
MIRTAZAPINE 15mg RD Tab	02279894	Novo-Mirtazapine OD	NOP	DR	SFC
	02248542	Remeron RD	ORG	DR	SFC
MIRTAZAPINE 30mg RD Tab	02279908	Novo-Mirtazapine OD	NOP	DR	SFC
	02248543	Remeron RD	ORG	DR	SFC
MIRTAZAPINE 45mg RD Tab	02279916	Novo-Mirtazapine OD	NOP	DR	SFC
	02248544	Remeron RD	ORG	DR	SFC
MUPIROCIN 2% Oint	01916947	Bactroban	GSK	DR NP	SF
	02279983	Taro-Mupirocin	TAR	DR NP	SF
OXCARBAZEPINE 150mg Tab	02284294	Apo-Oxcarbazepine	APX	DR	E
	02242067	Trileptal	NVR	DR	E
OXCARBAZEPINE 300mg Tab	02284308	Apo-Oxcarbazepine	APX	DR	E
	02242068	Trileptal	NVR	DR	E

	DIN	Product	MFR	Prescriber	Benefit Status
OXCARBAZEPINE 600mg Tab	02284316	Apo-Oxcarbazepine	APX	DR	E
	02242069	Trileptal	NVR	DR	E
RISPERIDONE 1mg/mL O/L	02280396	Apo-Risperidone	APX	DR	SF
	02279266	pms-Risperidone	PMS	DR	SF
	02236950	Risperdal	JAN	DR	SF
RISPERIDONE 0.25mg Tab	02282119	Apo-Risperidone	APX	DR	SF
	02282585	Co Risperidone	COB	DR	SF
	02282240	Gen-Risperidone	GPM	DR	SF
	02282690	Novo-Risperidone	NOP	DR	SF
	02252007	pms-Risperidone	PMS	DR	SF
	02280906	RAN-Risperidone	RBX	DR	SF
	02264757	ratio-Risperidone	RPH	DR	SF
	02240551	Risperdal	JAN	DR	SF
	02279509	Sandoz Risperidone	SDZ	DR	SF
RISPERIDONE 0.5mg Tab	02282127	Apo-Risperidone	APX	DR	SF
	02282593	Co Risperidone	COB	DR	SF
	02282259	Gen-Risperidone	GPM	DR	SF
	02264188	Novo-Risperidone	NOP	DR	SF
	02252015	pms-Risperidone	PMS	DR	SF
	02280914	RAN-Risperidone	RBX	DR	SF
	02264765	ratio-Risperidone	RPH	DR	SF
	02240552	Risperdal	JAN	DR	SF
	02279495	Sandoz Risperidone	SDZ	DR	SF
RISPERIDONE 1mg Tab	02282135	Apo-Risperidone	APX	DR	SF
	02282607	Co Risperidone	COB	DR	SF
	02282267	Gen-Risperidone	GPM	DR	SF
	02264196	Novo-Risperidone	NOP	DR	SF
	02252023	pms-Risperidone	PMS	DR	SF
	02280922	RAN-Risperidone	RBX	DR	SF
	02264773	ratio-Risperidone	RPH	DR	SF
	02025280	Risperdal	JAN	DR	SF
	02279800	Sandoz Risperidone	SDZ	DR	SF
RISPERIDONE 2mg Tab	02282143	Apo-Risperidone	APX	DR	SF
	02282615	Co Risperidone	COB	DR	SF
	02282275	Gen-Risperidone	GPM	DR	SF
	02264218	Novo-Risperidone	NOP	DR	SF
	02252031	pms-Risperidone	PMS	DR	SF
	02280930	RAN-Risperidone	RBX	DR	SF
	02264781	ratio-Risperidone	RPH	DR	SF
	02025299	Risperdal	JAN	DR	SF
	02279819	Sandoz Risperidone	SDZ	DR	SF
RISPERIDONE 3mg Tab	02282151	Apo-Risperidone	APX	DR	SF
	02282623	Co Risperidone	COB	DR	SF
	02282283	Gen-Risperidone	GPM	DR	SF
	02264226	Novo-Risperidone	NOP	DR	SF
	02252058	pms-Risperidone	PMS	DR	SF
	02280949	RAN-Risperidone	RBX	DR	SF
	02264803	ratio-Risperidone	RPH	DR	SF
	02025302	Risperdal	JAN	DR	SF
	02279827	Sandoz Risperidone	SDZ	DR	SF
RISPERIDONE 4mg Tab	02282178	Apo-Risperidone	APX	DR	SF
	02282631	Co Risperidone	COB	DR	SF
	02282291	Gen-Risperidone	GPM	DR	SF
	02264234	Novo-Risperidone	NOP	DR	SF
	02252066	pms-Risperidone	PMS	DR	SF
	02280957	RAN-Risperidone	RBX	DR	SF
	02264811	ratio-Risperidone	RPH	DR	SF
	02025310	Risperdal	JAN	DR	SF
	02279835	Sandoz Risperidone	SDZ	DR	SF